

BARBARA K. CEGAVSKE Secretary of State **Elections Division** 101 North Carson Street, Suite 3 Carson City, Nevada 89701-3714 Phone: (776) 664-5705

Fax: (775) 684-5718 Website: www.nvsos.gov

Office of the Secretary of State

Barbara K. Cegavske

TZ N/T

State of Nevada **Committee for Political Action**

(PAC)

Registration Form

K.W.	
5/20/2016	
#35721	

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			VE SPACE IS FOR OFFICE USE ONLY
New Registration	PAC (Advocating Pa	assage or Defeat of a Ballot Que	stion)
Annual (Due on or before	January 15th of <u>each</u> year;	NRS 294A.230(4)(b))	
Amended Registration:	Change Officers	Change Registered Agent	Change Address
Greek an trial apply	Change Name	ous Name of PAC	
	Other:	703 Hallie di FAO	
Name of Committee:	Outer.		Telephone:
NATIONAL ASSOCIATION OF	REALTORS (NAR) FUND		312-329-8239
Mailing Address:			
430 N. MICHIGAN AVE.	CHIC	CAGO	IL 60611
Street Name, Number	City		State Zip Code
PAC Active Email Address: kp	aschal@realtors.org		
			<u> </u>
PURPOSE: Briefly state the pu	urpose for which the PAC v	vas organized.	
To engage in independent expendi			
REGISTERED AGENT: pursua agent, as provided in NRS 14.0	ant to NRS 294A.240, each 20, who must be a natural	h PAC must appoint and keep ir person who resides in the State	the State a registered of Nevada.
Name of Registered Agent:			Telephone:
Tiffany Banks			775-829-5914
Physical Address:			
635 S. Arlington Ave	Reno		NV 89509
Street Name, Number	City		State Zip Code
X Au Yulka	TANCE: I hereby accept	appointment as Registered Age Date: 5/20	nt for the above-named
Signature of Registered Agent			
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Registration Form Page 2

OFFICERS: List the name, title, addre	ess and telephone number of each	h officer (attach add	tional pages if	
necessary).		-	lonhono	
Officer Name and Title:			elephone:	
JOHN PIERPOINT - TREASURER Mailing Address:		[3]	2-329-8260	
430 N. MICHIGAN	CHICAGO		L 60611	
Street Name, Number	City	Şt	ite Zip Code	
Officer Name and Title:		Te	elephone:	
DENISE MARX - ASSISTANT TREAS	URER	3	2-329-8260	
Mailing Address:				
430 N. MICHIGAN	CHICAGO		L 60611	
Street Name, Number	City	St	te Zip Code	
Officer Name and Title:	cer Name and Title:		Telephone:	
Mailing Address:		-		
Street Name, Number	City	1	te Zip Code	
Officer Name and Title:			elephone:	
Mailing Address:				
Sireet Name, Number	City	S	ate Zip Code	
of each organization (please attach additional pages if necessary). Name of Organization:		Te	elephone:	
Mailing Address:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Walling Address.				
Street Name, Number	City	S	ate Zip Code	
Name of Organization:		Tk	elephone:	
The state of the s				
Mailing Address:				
Street Name, Number	City		ate Zlp Code	
Name of Organization:			elephone:	
AA-W- Address				
Mailing Address:				
Sireet Name, Number	City	Şi	ate Zip Code	
SUBMITTED BY:				
	Printed Name:	Date:	Telephone:	
X KMU- Yusaha	KAREN PASCHAL	5/19/16	312-329-8239	
Signature of Representative of Group				
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